

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1356 / 7987

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Susanne Dickie

Mailing Address 3110 43rd St. W

City

Bradenton

State

FL

Zip Code

34209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: C7132775

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Neil Dickman

Mailing Address 92 Miramonte Dr

City

Moraga

State

CA

Zip Code

94556-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: C7116849

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dennis W. Dickson

Mailing Address 13919 Shipwreck Cir N

City

Jacksonville

State

FL

Zip Code

32224-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C7102210

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)